MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

_Primary Registration District No. ____/O 02___Registrar's No. _ Registration District No. DO NOT WRITE AMENDED ᅜᆘᇨᄃᄝᇪᄭᅅ 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before b. COUNTY Eranklin a. COUNTY a. state 1 aba<u>ma</u> VS 300 admission) Rev. 4/59 AMEND b. CITY (If outside corporate limits, give TOWNSHIP only) c. CITY Length of stay in 1b Inside Limits TOWN Kansas City Transit: Yes 🗔 No 🗌 Russellville c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Inside Limits d. STREET (If outside, give location) Reside on Farm **ADDRESS** INSTITUTION Yes 🛄 No 🗍 Yes 🔲 Ng, 📮 403 East Hall Ave N. of Birmingham 3. NAME OF DECEASED Middle 4. DATE DOC VMonth (Type or print) DEATH found Dec. 19, 1963 Charles Houston Townsend 9. AGE (last birthday) IF UNDER 1 YEAR 6. COLOR OR RACE Never Married 8. DATE OF BIRTH IF UNDER 24 HR 5. SEX 7. Married 🗆 Divorced Widowed male 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) FOLLOWS USA Franklin Co. Ala. laborer 136. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE Myrtle James Charles L. Townsend 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown); (If yes, give war or dates of serv Rebecca Patterson Russellville Ala 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ONSET AND DEATH RECORD IMMEDIATE CAUSE (a ò INSTEAD Conditions, if any, which gave rise to above cause (a). stating the underlying cause last. Š PART II. OTHER SIGNIFICANT CONDITIONS PART III. if deceased there a pregnancy in last 90 days AMENDMENTS 19. WAS AUTOPSY PERFORMED? NO 🗆 MEDICAL Month, Day, Year 20c. TIME OF Hou RIBBON INJURY p.m. 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY 20d. INJURY OCCURRED WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK READ YPEWRITER _and last saw him alive on_ 21. I attended the deceased from. at m on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred at. ته 22c, DATE SIGNED (Degree or title) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) @3a. BURIAL, CREMATION, 23b. DATE AFFIDA ÖN. REMOVAL (Specify) Vina Alabama Halltown Cemeterv removal 26. REGISTRAR'S SIGNATURE ITEM Pasley Funeral Home Liberty, Mo. (Licensed Embalmer's Statement on Reverse Side)

41,422,

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STATEMENT BY LICENSED EMBALMER

dentSignature of Student Embalmer	
lentSignedSigned	
Signature of Student Embalmer	2 tailes
	11.208
•	Licensed Embalmer No. 4308

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

RX 1, 23 43